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THE CHILDREN'S WARD OF THE PRESBYTERIAN HOSPITAL, NEW YORK CITY, AND SOME OF ITS NEW ADDITIONS

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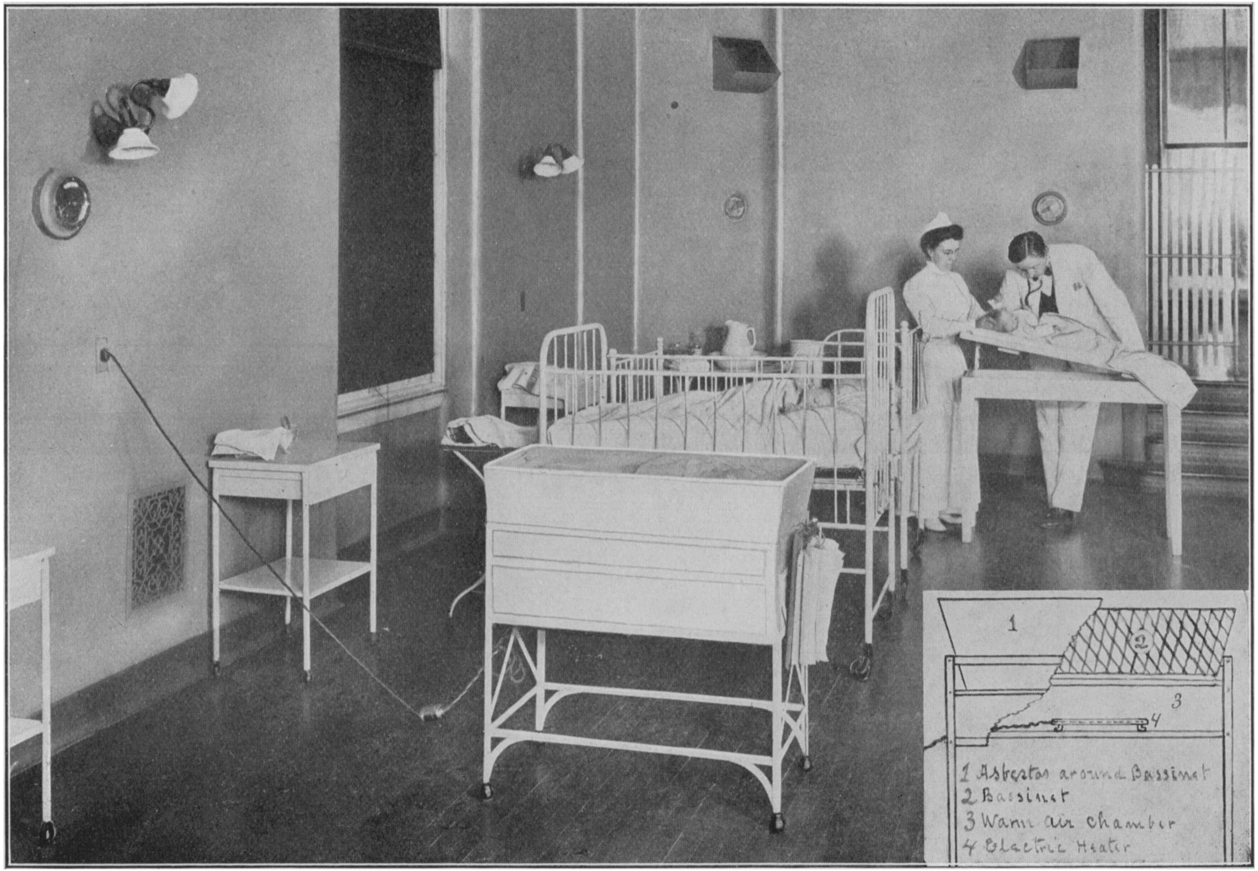
THE Children's Ward of the Presbyterian Hospital is divided into two spacious rooms, connected by a large archway, one part being used for medical and the other for surgical cases. One very large window extends to the floor doing service as a door leading to the open air balcony. There are two detention rooms entirely separated from the main ward, in which to place children developing symptoms indicative of contagious diseases. The ward accommodates twenty-eight children. The cribs vary in size to suit the baby a few hours old or boys of eight and girls of ten years.

On admission to the hospital every child is received in the observation or reception ward, consisting of two small rooms connecting with a room for administration, a bath room, linen closet, and pantry. This arrangement is made so that a child showing suspicious symptoms can immediately be isolated in one of these rooms without infecting other children or preventing the admission of new patients. The child is held from one to five days in this ward, under strict observation. This allows time for a report on the cultures taken from the nose and throat of the child, and on the vaginal smears, which are taken from every female child whether or not a vaginal discharge is present.

In order to maintain "individual precautions," each child is cared for entirely in his own crib. Separate thermometers and utensils are supplied, the face basin, the buttock basin, bottle of liquid castile soap, shaker for powder, and comb, are kept in the drawer of a white enameled table that stands at the side of each crib. The bed pans are kept in a 2 per cent. solution of formaldehyde, other utensils are boiled.

On transfer to the children's ward, the same "individual precautions" are observed, except that it is found impossible to change the child in bed, because of the low temperature of the ward and the out-of-door treatment.

The attending physician visits the wards daily. The house physician makes morning rounds, as early as possible, inspecting the throats



CORNER OF CHILDREN'S WARD, SHOWING THE CRIB WARMER AND EXAMINATION TABLE.

and skins for contagious diseases. The stool examinations are made early and the feeding prescriptions made ready for the milk room by ten o'clock. The formulæ are written on small tags bearing the baby's name and date, and are inspected as carefully as medicine tickets. The changes in the feeding are based upon the result of stool inspection.

The work in the milk room or laboratory is under the direction of a trained dietitian; the making of the prescriptions, the cleansing and boiling of the nipples, the cleaning of the room and all the utensils being done by a junior nurse or a probationer, especially instructed in these points. A gown covering the uniform is worn during the preparation of the feedings. The prescriptions vary largely, dextrinized barley water, peptonized milk, Loefluid's malt soup, all have a place on the daily list. The preparations made for the twenty-four hours are poured into sterilized feeding bottles (the exact amount for each feeding), they are then placed in the carrier already tagged, the tag with the prescription being fastened to the handle. These carriers are placed in an ice box kept for the purpose at a temperature of 40° F. As each bottle is taken out for use, a metal tag is placed about the neck for identification. The tag remains on the bottle until the feeding reaches the baby. The feeding is brought to the proper temperature by placing the bottle in a hot water bath.

All the children, when this is possible, spend part of each day on the balcony; many children spend the entire day. Since pneumonia and septic cases are treated entirely out of doors, half of the balcony is covered with a galvanized iron roof with white awnings, which keep out the direct rays of the sun in bright weather and the rain and snow of winter.

Ear examinations have become so frequent that it has been found convenient to keep a tray always ready with the usual ear instruments. Such examinations have been made much easier and more satisfactory by the use of an electric bull's-eye light (32–34 candle power) on an adjustable standard. A simple device constructed like a kitchen table, with an adjustable top (readily made by a carpenter), has proved most useful to the doctors, not only in making examinations, but in performing such operations as lumbar punctures, aspirations, etc.

A white enamel stand on castors, six feet high, is kept ready to give hypodermoclysis and similar treatments. The stand is furnished with three shelves, on the lower shelf the unsterile utensils are kept, kidney basin, jar of catgut, tube of silk, splint, adhesive plaster, and bandages; on the second shelf, the sterile bundles for hypodermoclysis, aspirations, infusion, and solutions, glasses for the "scrub up." The top shelf is just large enough to hold two flasks of saline. The height of this top shelf can be adjusted to give the amount of pressure desired. This appliance, with the aid of the thermostat, to keep the saline constantly hot, makes it possible to prepare for any of these emergency treatments almost immediately.

The protecting screens consist of a three-leaf wire screen with two-way hinges. The screen is four feet high, each leaf three feet wide. Two such screens or units, will entirely enclose a child's bed.

A single unit is sufficient, ordinarily, to keep other patients away. The psychological effect on children, nurses and visitors is to indicate unmistakably that no one is to approach. When the bed is entirely enclosed, nurses can reach over the screen for many purposes of ward service, the screen protecting from contact of their dresses with the bedding.

Children very ill with pneumonia or other acute diseases, or surgical patients operated on for appendicitis or empyema, are frequently "carriers" of infectious diseases, though not themselves suffering from such diseases. These patients need the best ward facilities, good air and good nursing. To put them in small isolating rooms, deprives them of both. We act upon the conviction that the infecting agent of contagious diseases is transferred from patient to patient by contact or by very near approach, say within the striking distance of coughing and sneezing, and that practically the absolute separation by even a few feet renders the infected patient harmless to his neighbors. Double screens, entirely surrounding the beds, are good because the natural desire of convalescent children to "swap" toys is thus obviated. As a matter of fact, a particularly generous typhoid, constantly wishing to donate his toys to his run-about friends, gave rise to the present screens.

Thus far we have treated safely several surgical cases, "carriers" of suspicious bacilli, a case of chicken pox, of vaginitis in a surgical child, and several cases of typhoid. It goes without saying that the nurses who care for these children are under special instructions; they treat the cases as quarantined, and though they do other work in the ward, have certain limitations to their duties.

Similar practices have been in vogue in some Paris hospitals and the use of these screens has the approval of Dr. Herman M. Biggs, of the Health Department, who has personally inspected the ward work, and Quarantine Officer Dr. A. H. Doty. They are assured that most diligent care is constantly exercised in our service.

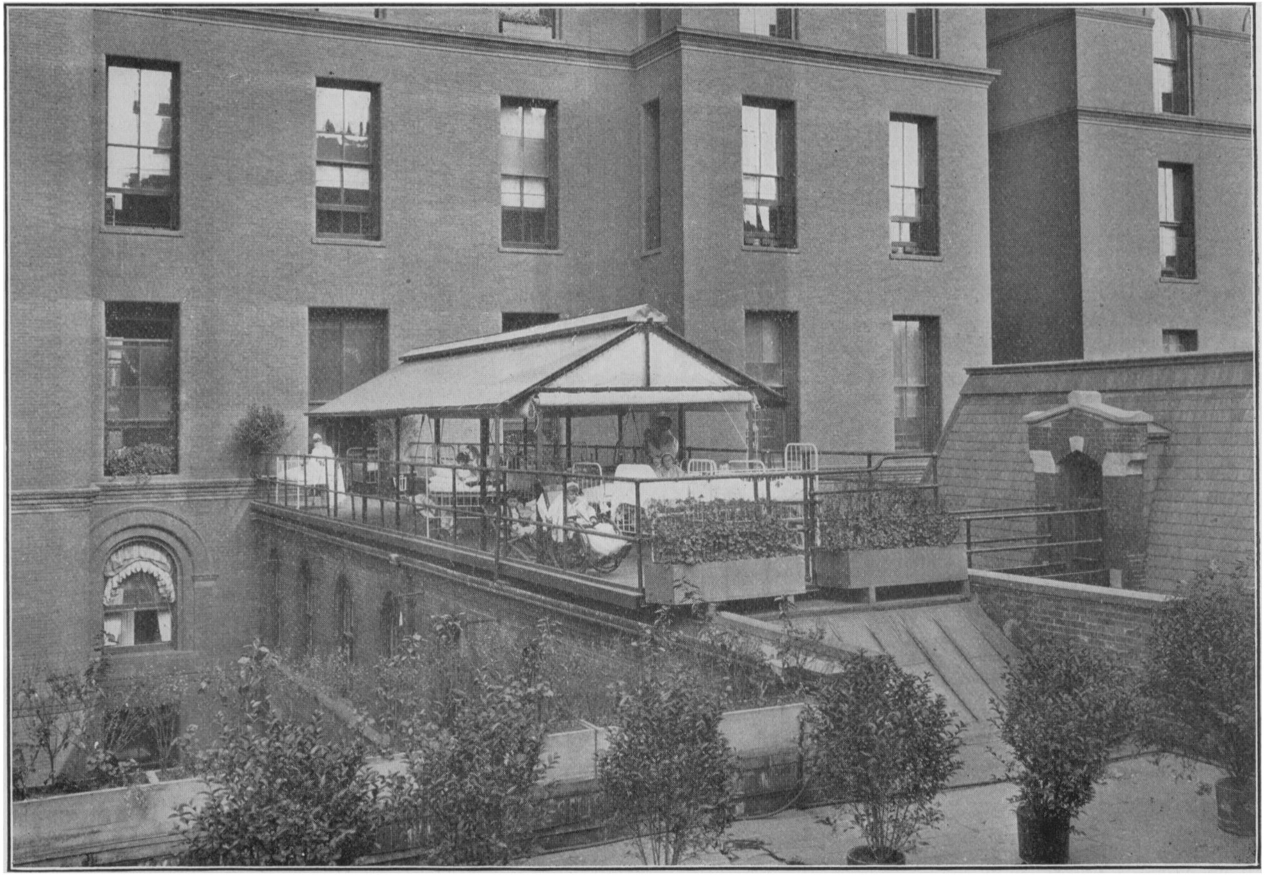
The moral lesson, it is hoped, will ultimately reach the laity.

It is not uncommon for mothers, from irrational freak, to refuse to pass the front door of a house which harbors a quarantined case of chicken pox. Children are infected with disease by contact or near approach, frequently so early in the development of the case that it is unrecognizable. Prevention from contact is the most important precaution.

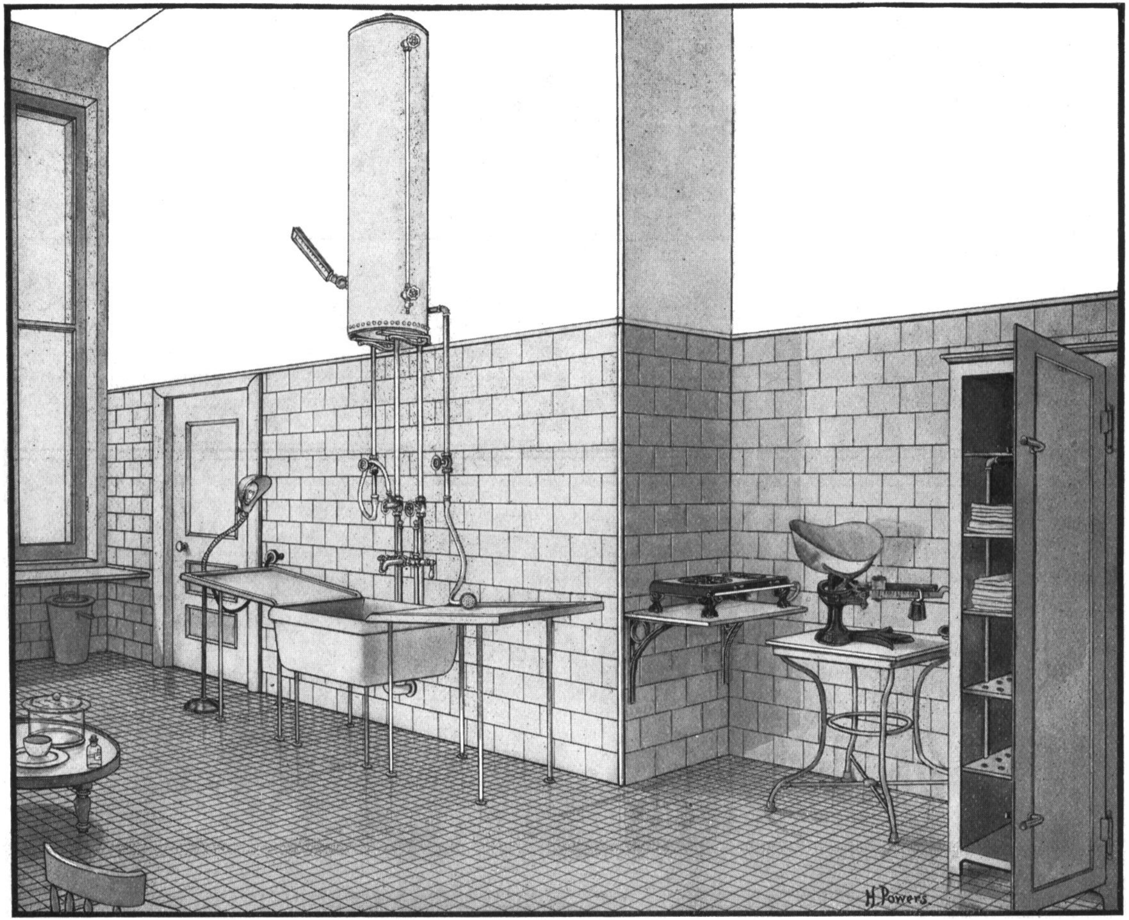
The crib warmer consists of an asbestos box containing an electric heater, above this an asbestos trough in which rests the bassinet. This simple warmer can be readily made by using an ordinary electric foot warmer, asbestos boards, insulated wire cable, couplings with switch which allow the current to be "high," "low," "moderate," or "off," though to reach perfection, a somewhat more costly apparatus is desirable. Poorly-nourished infants require artificial heat until they can furnish their own. Especially is this true in such cool wards as those of our hospital. A baby with cold feet cannot digest. Hot water bottles are perilous, expensive, troublesome. There is constant fear of burning the baby through the bursting of a hot bag. The results with the latest modification of the baby warmer are satisfactory. It is easy to regulate the heat, to keep it constant day and night, and there is no danger of burning the occupant. The electricity sufficient for an ordinary 16 c. p. illuminating bulb is sufficient. Six warmers are in constant use and they have been found to be less costly, less troublesome, and more effective than hot water bottles. The heat comes from below, warming the bed uniformly, and tempering the atmosphere breathed without confining it. It may take the place of the usual incubator for new-born babies. Our best test has been in the care of twins weighing four and one-half pounds at four months. These have doubled their weight at the present writing.

An examination table is used which enables the physician to work with comfort. To determine slight comparative dullness of one side of the chest, it is necessary to have the smallest infants lie quite flat on an elevated smooth surface. If a tiny infant is held on the shoulder of a nurse, or on the lap, the chest rests on irregular surfaces, and such irregularities will modify the percussion note. The head of the table can be raised or lowered and is useful in intubations, aspirations, punctures, etc. This constitutes one of those minor helps in exact examination which give great comfort to the worker. It is almost impossible for one to bend low and listen for a sufficiently long time to make a satisfactory diagnosis.

For bathing children the requirements are (1) A warm washing, dressing, and changing-room, with atmosphere warm (75° F. and more),



THE OPEN AIR BALCONY.



BATHING AND DRESSING ROOM.

furniture, walls, and floor warm; fresh clothing, diapers and towels warm; water warm—in short, everything warm.

(2) Facilities for washing and dressing infants, comfortably to the nurses as well as to the babies, and in the shortest possible time.

(3) Assurance that there shall be no possibility for scalding or infection.

A dressing room is kept at a temperature of 70° to 75° F. All baths and treatments are given in this room, except to children under suspicion of contagion, such children are treated in their beds or in the "detention room."

Bath tubs for the children's ward have been abolished, as they were thought to be one great source of infection. Marble slabs sloping to a sink have been substituted, with sprays for cleansing the skin. When the baby is undressed it is laid on a clean bath towel covering the marble slab, and is sponged off with liquid castile soap on soft gauze and given a thorough spraying. It is then dried with a soft warm towel and dressed in the usual way. Two low chairs, and a low table furnished with the necessary supplies, make it convenient for the nurse to give the eyes, ears, and nose a proper cleaning, and the metallic cabinet blanket warmer keeps the clean clothing and diapers at a desirable degree of warmth in the cold season. The towels used during the morning bathing hour are immediately boiled in a small boiler placed at the side of the room and are dried in the drying room on the same floor. This is a saving to the laundry and prevents the mixing of towels. Soiled diapers are placed in large paper bags, and are carried to the rinse house twice daily, where they soak twelve hours in a solution of formaldehyde. Specimens for examination are collected during the night and are kept in a covered agate can. The addition of this dressing room has proved a great luxury for the baby and a wonderful time saver for the nurse.

In an eighty-gallon tank, the water is heated at will, usually to 103° F. The temperature is read off on the thermometer projecting from the left of the lower quarter. This tank is filled by the same nurse each day, the temperature noted by the head nurse, and the hot and cold intake pipes shut off till further orders. This insures a constant temperature (103° F.) in the tank, and about 100° F. as it runs from the spray. The water gauge shows on the face of the tank. In this glass tube the amount of water in the reservoir can be easily noted. Mixing the hot and the cold water is effected as follows: the hot and cold water pipes are turned on together while the filling and temperature are noted by the nurse deputized for this purpose. The hot and cold water pipes within the tank terminate in four points somewhat like a miniature gas-fixture, the hot water tips pointing downward, the cold water pipes pointing upward. The current of the two streams goes against their gravity tendency and so interdigitate that a thorough intermingling of currents is effected, and there can be no layers of hot and cold water. The contained water is of uniform temperature throughout.

Below the tank are two flexible rubber pipes terminating in the usual metal bath spray tips. From these it is designed that the water shall flow at 100° F. uniformly during the entire morning's work.

On the next lower level is a sink winged with two sloping marble slabs. To the extreme right is the hot closet from which the fresh clothing is taken dry and hot. At the extreme left are the low nursery tables and chairs.

A very large window lets in a flood of light so that the slightest eruption or change of color or abnormal appearance of the mouth, tongue, or eyes can be easily detected. An electric reflector, in addition to the overhead lights, serves the same purpose at night. There are two doors, one leading to the corridor and one to the toilet.

The present facilities, above described, are the result of much studious attention on the part of the heads of the various hospital departments, with the result: 1, the babies are washed in at least half the time; 2, danger from infection from promiscuous bathing is avoided; 3, mishaps from use of over-hot water are avoided.

ONE of the new hotels in New York City is to have on its 23d floor a fully-equipped miniature hospital, with accommodations for twelve patients, and with expert physicians and nurses in attendance.

HOME REMEDIES, PRESCRIBED BY MOTHERS, FOR THE BABIES BROUGHT TO A DISPENSARY.—For teething: six calf's teeth in a bag around the neck, to help the baby cut his teeth; baby to chew on the dirty bag. For thrush: to cure "trash" in mouth, wash mouth with a piece of crepe (which has been worn to a funeral) dipped in borax and honey.